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2019

OMB No 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year beginning 04-01-20	)19 , a	nd er	nding 03-31-	2020	
		indation DRIA VELIE HENRY FAMILY			A Employer Id	entification numbe	er
	UNDAT			41-1967188			
		l street (or P O box number if mail is not delivered to street address) NSET DRIVE UNIT 508	Room/suite		<b>B</b> Telephone nu	mber (see instructio	ns)
٦.	201 301	ASET BRIVE ONLY 500		(952) 471-9618			
		, state or province, country, and ZIP or foreign postal code KK, MN 55384			<b>C</b> If exemption	application is pendir	ng, check here
G Cł	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere 🔲
		☐ Final return ☐ Amended return				ganızatıons meeting	
		Address change Name change				k here and attach co	
H C	neck ty	pe of organization $lacksquare$ Section 501(c)(3) exempt private	foundation			undation status was n 507(b)(1)(A), che	
	Section	4947(a)(1) nonexempt charitable trust	e private foundation				
			☑ Cash ☐ Accru	ıal		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 468,980 □ Other (specify) _ (Part I, column (d) must	be on cash basis )		under sectio	n 507(b)(1)(B), che	ck nere
Pa	rt I	Analysis of Revenue and Expenses (The total					(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net Income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
	_	schedule)					
	2	Check ► ✓ If the foundation is <b>not</b> required to attach Sch B					
	3	Interest on savings and temporary cash investments	60		60		
	4	Dividends and interest from securities	24,687		24,687		
	5a	Gross rents					
<b>a</b> \	ь	Net rental income or (loss)					
ΞE	6a	Net gain or (loss) from sale of assets not on line 10	5,285				
Revenue	b	Gross sales price for all assets on line 6a 105,096					
ă	7	Capital gain net income (from Part IV, line 2)			5,285		
	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold	J				
		Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)	<b>9</b> 674				
	12	Total. Add lines 1 through 11	30,706		30,032		
	13	Compensation of officers, directors, trustees, etc					
	14	Other employee salaries and wages					
Š	15	Pension plans, employee benefits					
ารย	16a	Legal fees (attach schedule)					
Expenses	ь	Accounting fees (attach schedule)	1,275				1,275
	С	Other professional fees (attach schedule)	5,005		5,005		
tlV€	17	Interest					
Administrative	18	Taxes (attach schedule) (see instructions)	1,356				
≣	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
Ψ	21	Travel, conferences, and meetings					
and	22	Printing and publications					
bi	23	Other expenses (attach schedule)	25				25
Operating	24	Total operating and administrative expenses.			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<u>pe</u>		Add lines 13 through 23	7,661	-	5,005		1,300
ں	25	Contributions, gifts, grants paid	24,205				24,205
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	31,866		5,005		25,505
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-1,160				
	ь	Net investment income (If negative, enter -0-)	2,100		25,027		
	С	Adjusted net income (if negative, enter -0-)			,		
			L				

487,200

493,655

493,655

493,655

493,655

486,567

492 495

492,495

492,495

492,495

493,655

492,495

492,495 Form **990-PF** (2019)

-1,160

1

2

3

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6

463,052

468.980

	5
	6
	7
2	8
Assets	9
As	10a
	Ŀ

C 11

12

13 14

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16

17

18

19

20

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22

23

24

25

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Part III

2

3

4

Liabilities

Fund Balances

ō

Assets 27

Net

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize)

Other increases not included in line 2 (itemize) -

Net assets without donor restrictions . . .

Other assets (describe > .

Other liabilities (describe -

Grants payable

Prepaid expenses and deferred charges . . . .

Investments—land, buildings, and equipment basis ▶ \_\_\_

Investments—U S and state government obligations (attach schedule) 

Less accumulated depreciation (attach schedule) ▶

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

**Analysis of Changes in Net Assets or Fund Balances** 

Less accumulated depreciation (attach schedule)

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . . . . .

Paid-in or capital surplus, or land, bldg, and equipment fund

Total assets (to be completed by all filers—see the

	e the kınd(s) of property sold (e g , re irehouse, or common stock, 200 shs l		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1 a SEE ATTACHED SCHEDU	LE B		Р	2011-06-20	2020-03-27
b					
С					
d					
e					
	(f)	1 (	g)	(1	h)
(e) Gross sales price	Depreciation allowed	Cost or o	ther basis	Gain o	r (loss)
<u> </u>	(or allowable)	plus expe	nse of sale	(e) plus (f	) mınus (g)
a 10	5,096		99,811		5,285
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and owne	ed by the foundation o	n 12/31/69	(	I)
(i)	(j)	(	k)	Gains (Col (	h) gain minus
(i) F M V as of 12/31/69	Adjusted basis		of col (ı)		less than -0-) <b>or</b>
	as of 12/31/69	over col	(j), if any	Losses (fre	om col (h))
a					5,285
b					
С					
d					
e					
		ns) If (loss), enter -0-		3	5,285
Part V Qualification U	Jnder Section 4940(e) for Red	luced Tax on Net :	Investment Inc	come	
	rivate foundations subject to the secti				
If section 4940(d)(2) applies, le	•	,		,	
Was the foundation liable for th	e section 4942 tax on the distributable	e amount of any year i	n the base period	,	es 🔽 No
	ot qualify under section 4940(e) Do no		in the base period		
	nount in each column for each year, se		making any entrie	5	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)		Net value of noncharitable	e-use assets	Distribution rati (col (b) divided by c	
2018	24,879		537,160	(cor (b) divided by c	0 046316
2017	23,775		538,898		0 044118
2016	29,057		504,836		0 057557
2015	27,763		517,903		0 053607
2014	26,000		552,585		0 047052
2 Total of line 1, column (	, , , , , , , , , , , , , , , , , , ,		2		0 248650
, ,	o for the 5-year base period—divide the	e total on line 2 by 5 (			0 2 10050
number of years the four	ndation has been in existence if less th	an 5 years	· · · · · ·		0 049730
	ncharıtable-use assets for 2019 from F		4		542,877
<b>5</b> Multiply line 4 by line 3			5		26,997
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		250
<b>7</b> Add lines 5 and 6			7		27,247
	ons from Part XII, line 4 ,		8		25,505
	eater than line 7, check the box in Part			g a 1% tax rate Se	

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction? Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Yes 🗹 No Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors List all officers, directors, trustees, foundation managers and their compensation. See instructions (b) Title, and average (c) Compensation (If (d) Contributions to (e) Expense account, (a) Name and address hours per week not paid, enter employee benefit plans and other allowances devoted to position -0-) deferred compensation VICTORIA HENRY DIRECTOR 1 00 4201 SUNSET DRIVE UNIT 508 SPRING PARK, MN 55384 JENNIFER N HENRY DIRECTOR 0 1 00 4201 SUNSET DRIVE UNIT 508 SPRING PARK, MN 55384 Compensation of five highest-paid employees (other than those included on line 1-see instructions). If none, enter "NONE." (d) Contributions to (b) Title, and average (a) Name and address of each employee paid employee benefit (e) Expense account, hours per week (c) Compensation more than \$50,000 other allowances plans and deferred devoted to position compensation NONE

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly F	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	r "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation do <b>1</b> N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
		Form <b>990-PF</b> (2019)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

3a 3h

4

5

25.505

25,505

Form **990-PF** (2019)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

Page 9

26,643

386

26,257

Form **990-PF** (2019)

-PF (2	019)
4111	Had

Form 990-PF (2019)							
Part XIII	Undistributed Income (see instruc	tions)					

**b** Total for prior years

a From 2014. . . . . **b** From 2015. . . . c From 2016. . . d From 2017. . . . . e From 2018. . . . .

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . . 8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9

a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a . . . . . .

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . .

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

same amount must be shown in column (a) )

- 1 Distributable amount for 2019 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2019
- a Enter amount for 2018 only. . . . . .

  - Excess distributions carryover, if any, to 2019

(a)

Corpus

(b)

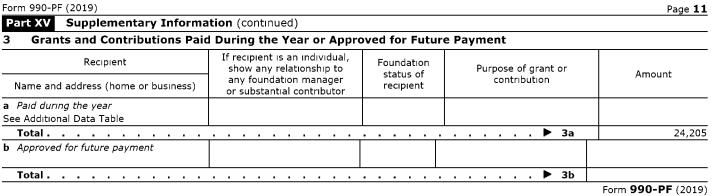
Years prior to 2018

(c)

2018

25,119

factors



Part XVI-A Analysis of Income-Produci	ng Activities		1		raye 14
Enter gross amounts unless otherwise indicated		usiness income	Excluded by section		(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions )
a b					
c					
e					
f g Fees and contracts from government agencies					
2 Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments			14	60	
4 Dividends and interest from securities			14	24,687	
5 Net rental income or (loss) from real estate a Debt-financed property					
<b>b</b> Not debt-financed property					
<ul><li>6 Net rental income or (loss) from personal propert</li><li>7 Other investment income</li></ul>	у				
<b>8</b> Gain or (loss) from sales of assets other than inventory			10	F 20F	
9 Net income or (loss) from special events			18	5,285	
10 Gross profit or (loss) from sales of inventory 11 Other revenue					
a MISCELLANEOUS			18	674	
b					
d					
e				30,706	
13 Total. Add line 12, columns (b), (d), and (e)			1	3	30,706
(See worksheet in line 13 instructions to verify ca  Part XVI-B Relationship of Activities to		nment of Exem	pt Purposes		
<b>Line No.</b> Explain below how each activity for whithe accomplishment of the foundation's	ch income is report	ed in column (e) c	of Part XVI-A contrib		
instructions )					
				Fo	rm <b>990-PF</b> (2019

Part XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations					

		Admpt digaiii												
L Did the organization directly or indirectly engage in any of the following with any other organization described in section 501  (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  Yes No														
a Transfers from the reporting foundation to a noncharitable exempt organization of														
												1a(1)		No
(2)	Other	assets										1a(2)		No
<b>b</b> Other														
		of assets to a nonchari										1b(1)		No
		ses of assets from a n										1b(2)		No
(3) Rental of facilities, equipment, or other assets											1b(3)		No	
(4) Reimbursement arrangements										•	1b(4) 1b(5)		No No	
(5) Loans or loan guarantees										1b(6)		No		
٠		facilities, equipment, n	•		_							1c		No
	-	er to any of the above	-									alue		
	trans	s, other assets, or servanting arra  (b) Amount involved	ngement, sho	ow in	column (d		the	goods, otl	her asse		eived		ngemen	ts
							-							
							+							
							_							
2a Is the	found	dation directly or indire	ctly affiliated	with	. or relate	d to. one or m	ore 1	tax-exemr	ot organi	zations				
		n section 501(c) (other	•		•	•			-		Yes 🔽	No No		
		mplete the following so												
		(a) Name of organization	n		(L	) Type of organ	ızatıo	n		(c) Description	on of relatio	nship		
	of my	r penalties of perjury, knowledge and belief preparer has any kno	, it is true, co											
Sign Here	*	****			2020-04-29		*****		return with th	ie IRS di ne prepai				
	S	ignature of officer or ti	rustee			Date		, <sub>Tı</sub>	tle		below (see in	ıstr ) 🔽	Yes [	No
		Print/Type preparer's	name	Prepa	arer's Sıgr	nature		Date		Check if self-	PTIN	P00028	797	
Paid	-0-	DARCY M RASMUS			2020-		2020-0	employed ▶ ☐						
repa Jse O		Firm's name ► SEVE	ENICH BUTLE	R GEF	RLACH & B	BRAZIL LTD					Firm's E	[N ▶41	-12531	.04
	•	Fırm's address ▶ 22	21 FORD PAR	RKWA	Y SUITE 3	00								
		ST	PAUL, MN 5	5116	1800						Phone no	651	) 690-1	1040

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Falu during the year				
ASPIRING WOMENS INDEPENDENT NETWORK 1014 YUMA LANE N PLYMOUTH, MN 55447	NONE	501(C)3	HUMAN SERVICES	200

PLYMOUTH, MN 55447				
AMERICAN DIABETES ASSN 1701 N BEAUREGARD ST ALEXANDRIA, VA 22311	NONE	501(C)(3)	HEALTH AND HUMAN SERVICE	500
AMERICAN FON FOR THE BLIND	NONE	501 (C)(3)	HEALTH & HUMAN SERVICES	150

1701 N BEAUREGARD ST ALEXANDRIA, VA 22311		(-)(-)		
AMERICAN FDN FOR THE BLIND 1401 S CLARK ST STE 730	NONE	501 (C)(3)	HEALTH & HUMAN SERVICES	150

ALEXANDRIA, VA 22311				
AMERICAN FDN FOR THE BLIND 1401 S CLARK ST STE 730 ARLINGTON, VA 22202	NONE	501 (C)(3)	HEALTH & HUMAN SERVICES	150

24,205

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

NONE

Name and address (home or business)

ASPCA845 MEADOW LANE N

GOLDEN VALLEY, MN 55422

Total .

,	or substantial contributor			
a Paid during the year				
AMERICAN FDN FOR SUICIDE PREVENTION 120 WALL STREET NEW YORK, NY 10005	NONE	501(C)3	HEALTH AND HUMAN SERVICES	1,000
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE	NONE	501C3	HEALTH & HUMAN SERVICES	300

recipient

501(C)(3)

**HUMANE SERVICES** 

100

NEW YORK, NY 10005				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	501C3	HEALTH & HUMAN SERVICES	

Recipient If recipient is an individual, show any relationship to status of recontribution Spaid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of recontribution Amount status of recontribution

recipient

24,205

any foundation manager

or substantial contributor

Name and address (home or business)

7301 OHMS LANE MINNEAPOLIS, MN 55439

Total .

a Paid during the year				
AUTISM SPEAKS MINNESOTA P O BOX 26372 ST LOUIS PARK, MN 55426	NONE	501(C)3	HEALTH AND HUMAN SERVICES	300
BRAILLE INSTITUTE 741 NORTH VERMONT AVE LOS ANGELES, CA 90029	NONE	501(C)(3)	HEALTH AND HUMAN SERVICES	300
CHILDREN'S CANCER RESEARCH FUND	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CHILDREN'S HOME SOCIETY 1605 EUSTIS STREET ST PAUL, MN 55108	NONE	501(C)3	HEALTH AND HUMAN SERVICES	5,000
DARE MN PROGRAM	NONE	5501(C)3	HEALTH AND HUMAN SERVICES	1,000

DARE MN PROGRAM 6542 REGENCY LANE EDEN PRAIRIE, MN 55344	NONE	5501(C)3	HEALTH AND HUMAN SERVICES	1,000
EASTER SEALS553 FAIRVIEW NORTH	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	100

6542 REGENCY LANE EDEN PRAIRIE, MN 55344				
EASTER SEALS553 FAIRVIEW NORTH ST PAUL, MN 55104	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	100

EASTER SEALS553 FAIRVIEW NORTH ST PAUL, MN 55104	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	100

Total .

Recipient If recipient is an individual, Purpose of grant or Amount Foundation show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
FRASER VALLEY LACROSSE CLUB 39 COUNTY ROAD 8303 TABERNASH, CO 80478	NONE	501(C)(3)	YOUTH DEVELOPMENT	1,000

TABERNA3H, CO 60476				
FREEDOM SERVICE DOGS 7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	501(C)3	HEALTH AND HUMAN SERVICES	300
CHIDE DOCC FOR THE PLIND	NONE	E01/C) 2	HEALTH AND HUMAN CERVICES	200

7193 S DILLON CT ENGLEWOOD, CO 80112	NONE	301(0)3	THE NEW YORK SERVICES	300
GUIDE DOGS FOR THE BLIND P O BOX 151200 SAN RAFAEL, CA 94915	NONE	501(C) 3	HEALTH AND HUMAN SERVICES	200

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

HABITAT FOR HUMANITY 1954 UNIVERSITY AVE W ST PAUL, MN 55104	NONE	501(C)3	HUMAN SERVICES	500
HOPE CHEST3850 SHORELINE DRIVE	NONE	501(C)3	HUMAN SERVICES	1,000

HOPE CHEST3850 SHORELINE DRIVE WAYZATA, MN 55391	NONE	501(C)3	HUMAN SERVICES	1,000
INNER CITY TENNIS 4005 NICOLLET AVENUE S	NONE	501(C)3	YOUTH DEVELOPMENT	1,000

	WAYZATA, MN 55391	NONE	301(C)3	HOMAN SERVICES	1,000
	INNER CITY TENNIS 4005 NICOLLET AVENUE S MINNEAPOLIS, MN 55409	NONE	501(C)3	YOUTH DEVELOPMENT	1,000
1			·	-	

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
KING'S SCHOOLEOOD DULLITH ST	NONE	E01/C)3	EDUCATIONAL	5 000

GOLDEN VALLEY, MN 55422	NONE	501(C)3	EDUCATIONAL	5,000
LAKE MINNETONKA ASSOCIATION P O BOX 248	NONE	501(C)3	ENVIRONMENTAL	250

LDEN VALLEY, MN 55422				
E MINNETONKA ASSOCIATION BOX 248 CELSIOR, MN 55331	NONE	501(C)3	ENVIRONMENTAL	

P O BOX 248 EXCELSIOR, MN 55331	NONE	501(C)3	ENVIRONMENTAL	250
MADD844 E JOHN CARPENTER FREE	NONE	501(C)3	HEALTH AND HUMAN SERVICES	1,000

EXCELSIOR, MN 55331				<u>I</u>
MADD844 E JOHN CARPENTER FREE IRVING, TX 75062	NONE	501(C)3	HEALTH AND HUMAN SERVICES	1,000

MADD844 E JOHN CARPENTER FREE NONE 501(C)3 HEALTH AND HUMAN SERVICES IRVING, TX 75062	ES 1,00

MADD844 E JOHN CARPENTER FREE	INONE	501(C)3	HEALTH AND HUMAN SERVICES	
IRVING, TX 75062				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MEALS ON WHEELS NONE 501(C)3 HEALTH AND HUMAN SERVICES 500

MINNEAPOLIS, MN 55415				
NATIONAL LAW ENFORCEMENT 444 E STREET NW WASHINGTON, DC 20001	NONE	501(C)3	HUMAN SERVICES	250
NATIONAL PARKS CONSERVATION ASSOC	NONE	501(C)3	CONSERVATION	100

Total			▶ 3a	24,205
NATIONAL PARKS CONSERVATION ASSOC 777 6TH STREET NW STE 700 WASHINGTON, DC 20001	NONE	501(C)3	CONSERVATION	100
WASHINGTON, DC 20001				

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

Hame and dadress (nome or business)	or substantial contributor			
a Paid during the year				
NATIONAL PARKS FOUNDATION 1110 VERMONT AVENUE NW WASHINGTON, DC 20005	NONE	501(C)3	CONSERVATION	100
NATIONAL WILD LIFE FEDERATION	NONE	501(C)3	CONSERVATION	150

NATIONAL WILD LIFE FEDERATION P O BOX 1583 MERRIFIELD, VA 22116	NONE	501(C)3	CONSERVATION	15
OPERATION SMILE	NONE	501(C)(3)	HEALTH AND HUMAN SERVICES	10

MERRIFIELD, VA 22116				
OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	501(C)(3)	HEALTH AND HUMAN SERVICES	100

MERRIFIELD, VA 22116				
OPERATION SMILE 3641 FACULTY BOULEVARD VIRGINIA BEACH, VA 23453	NONE	501(C)(3)	HEALTH AND HUMAN SERVICES	10

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
ORONO FOUNDATION FOR EDUCATION PO BOX 124 MAPLE PLAIN, MN 55359	NONE	501(C)(3)	YOUTH DEVELOPMENT	1,000

PO BOX 124 MAPLE PLAIN, MN 55359				
PLANNED PARENTHOOD 1200 LAGOON AVE MINNEAPOLIS, MN 55408	NONE	501(C)3	HEALTH AND HUMAN SERVICES	500

PLANNED PARENTHOOD 1200 LAGOON AVE MINNEAPOLIS, MN 55408	NONE	501(C)3	HEALTH AND HUMAN SERVICES	500
PROJECT K-9 HERO535 GRISWOLD ST	NONE	501(C)(3)	HUMANE SERVICES	100

1200 LAGOON AVE MINNEAPOLIS, MN 55408				
PROJECT K-9 HERO535 GRISWOLD ST DETROIT, MI 48226	NONE	501(C)(3)	HUMANE SERVICES	100

24,205

MINNEAPOLIS, MIN 35406				
PROJECT K-9 HERO535 GRISWOLD ST DETROIT, MI 48226	NONE	501(C)(3)	HUMANE SERVICES	100

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
READING IS FUNDAMENTAL	NONE	501(C) 3	EDUCATIONAL	105

WASHINGTON, DC 20002				
RIDGEVIEWFOUNDATION 490 S MAPLE STREET 110	NONE	501(C)3	HEALTH AND HUMAN SERVICES	250

RIDGEVIEWFOUNDATION 490 S MAPLE STREET 110 WACONIA, MN 55387	NONE	501(C)3	HEALTH AND HUMAN SERVICES	250
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	500

WACONIA, MN 55387				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 551092020	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	500

WACONIA, MN 55387				
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE ST PAUL, MN 551092020	NONE	501(C)(3)	HEALTH & HUMAN SERVICES	500
Total			▶ 3a	24,205

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

WICHITA, KS 67216

Total .

Thanks and dual ess (nome or pasiness)	or substantial contributor			
a Paid during the year				
SPECIAL OLYMPICS 900 2ND AVENUE S 300 MINNEAPOLIS, MN 55402	NONE	501(C)3	HUMAN SERVICES	500
THE HUMANE SOCIETY OF THE US 1255 23RD STREET NW WASHINGTON, DC 20037	NONE	501(C)3	HUMANE SERVICES	100
WASHINGTON, BC 20057				

recipient

150

MINNEAPOLIS, MN 55402				
THE HUMANE SOCIETY OF THE US 1255 23RD STREET NW WASHINGTON, DC 20037	NONE	501(C)3	HUMANE SERVICES	
US DEPUTY SHERIFF ASSOCATION 2909 S SPRUCE	NONE	501(C)3	HUMAN SERVICES	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

	or substantial contributor			
a Paid during the year				
WORLD WILD LIFE FUND 1250 24TH STREET NW	NONE	501(C)3	CONSERVATION	100

recipient

24,205

1250 24TH STREET NW WASHINGTON, DC 20037				
SAVE THE LAKE5341 MAYWOOD ROAD	NONE	501(C)3	ENVIRONMENTAL	

any foundation manager

Name and address (home or business)

Total

WASHINGTON, DC 20037				
SAVE THE LAKE5341 MAYWOOD ROAD	NONE	501(C)3	ENVIRONMENTAL	2
MOUND, MN 55364				i

				1
SAVE THE LAKE5341 MAYWOOD ROAD MOUND, MN 55364	NONE	501(C)3	ENVIRONMENTAL	250

SAVE THE LAKESS41 MATWOOD ROAD	INOME	1 201(C)2	CIVVINOIVICIVIAL	230
MOUND, MN 55364				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491128002110						
TY 2019 Accounting Fees	s Schedule			_		
Name: THE VICTORIA VELIE HENRY FAMILY						
FOUNDATION						
	<b>EIN:</b> 41-1967:	188				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING FEES	1,275			1,275		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 934911280021	10
TY 2019 Investments - Other S	Schedule		
Name:	THE VICTORIA VE	ELIE HENRY FAMILY	
	FOUNDATION		
EIN:	41-1967188		
Investments Other Schedule 2			

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
SEE ATTACHED SCHEDULE A	AT COST	486,567	463,052			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLI	N: 93491128002110
TY 2019 Other Expenses Sche	edule			_
Name:	THE VICTORIA	VELIE HENRY FAI	MILY	
	FOUNDATION			
EIN:	41-1967188			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
MN FILING FEE	25			25

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491128002110
TY 2019 Other Income Schedu	ile		
Name:	THE VICTORIA VE	ELIE HENRY FAMILY	
	FOUNDATION		
EIN:	41-1967188		

Other Income Schedule				
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income	
MISCELLANEOUS	674			

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491128002110		
TY 2019 Other Professional Fees Schedule						
Name: THE VICTORIA VELIE HENRY FAMILY FOUNDATION EIN: 41-1967188						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
WELLS FARGO FEES	5,005	5,005				

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DL	N: 93491128002110		
TY 2019 Taxes Schedule						
Name: THE VICTORIA VELIE HENRY FAMILY						
FOUNDATION						
<b>EIN:</b> 41-1967188						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL TAX	1,356					